

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	<u>Empire Stat Group, LLC</u>	
<hr/>			
2.	All other names debtor used in the last 8 years <small>Include any assumed names, trade names and <i>doing business as</i> names</small>		
<hr/>			
3.	Debtor's federal Employer Identification Number (EIN)	<u>20-8546698</u>	
<hr/>			
4.	Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>40 Exchange Place</u> <u>Suite 1413</u> <u>New York, NY 10005</u> <small>Number, Street, City, State & ZIP Code</small>		<u>P.O. Box 801</u> <u>Bedford, NY 10506-0801</u> <small>P.O. Box, Number, Street, City, State & ZIP Code</small>
	<u>New York</u> <small>County</small>		Location of principal assets, if different from principal place of business <small>Number, Street, City, State & ZIP Code</small>
<hr/>			
5.	Debtor's website (URL)	<u>www.empirestat.com</u>	
<hr/>			
6.	Type of debtor		
	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))		
	<input type="checkbox"/> Partnership (excluding LLP)		
	<input type="checkbox"/> Other. Specify: _____		

Debtor **Empire Stat Group, LLC**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5242

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
- ☐ Chapter 9

☐ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Empire Stat Group, LLC** Case number (if known) _____
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds. Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor

Empire Stat Group, LLC

Name

Case number (if known)

☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million

☐ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million

☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

Debtor **Empire Stat Group, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 29, 2021**
MM / DD / YYYY

X /s/ Joseph La Barbera

Signature of authorized representative of debtor

Joseph La Barbera

Printed name

Title

18. Signature of attorney

X /s/ Gregory M. Messer

Signature of attorney for debtor

Date **October 29, 2021**

MM / DD / YYYY

Gregory M. Messer 7539

Printed name

Law Office of Gregory Messer

Firm name

**26 Court Street
Suite 2400
Brooklyn, NY 11242**

Number, Street, City, State & ZIP Code

Contact phone **718 858-1474**

Email address **gmesser@messer-law.com**

7539 NY

Bar number and State

Fill in this information to identify the case:

Debtor name Empire Stat Group, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 29, 2021

X /s/ Joseph La Barbera

Signature of individual signing on behalf of debtor

Joseph La Barbera

Printed name

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Empire Stat Group, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ 1,819,377.86
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ 1,819,377.86

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 2,251,800.92
4. Total liabilities	
Lines 2 + 3a + 3b	\$ 2,251,800.92

Fill in this information to identify the case:

Debtor name Empire Stat Group, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts *(Identify all)*
Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	JP Morgan Chase Bank	Checking	3561	\$16,307.86

3.2.	Lincoln Financial Debtor maintains a 401K plan for its employees. Last 4 digits of Account# H1VY	401K Plan	H1V	\$0.00
------	--	-----------	-----	--------

4. Other cash equivalents *(Identify all)*

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$16,307.86

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits
Description, including name of holder of deposit

7.1.	40 Exchange Place security deposit held by GFP Real Estate, LLC	\$46,704.00
------	---	-------------

Debtor **Empire Stat Group, LLC** Case number (If known) _____
Name

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$46,704.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Sophos XG 310 Networking Equipment	Unknown		\$3,000.00
	HPE Office Connect 1950 Series Switch JH295A Networking Equipment	Unknown		\$200.00
	Unifi Network USW 48	Unknown		\$1,000.00
	Juniper SRX340 Networking Equipment	Unknown		\$600.00

Debtor Empire Stat Group, LLC Case number (If known) _____
Name

**Dell T440 Server
Networking Equipment**

Unknown

\$4,000.00

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$8,800.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of
debtor's interest**
(Where available)

**Valuation method used
for current value**

**Current value of
debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Pitney Bowes Postage Equipment

This equipment is leased by the Debtor.

The Debtor has offered to return this

equipment

**but Pitney Bowes will not take it back until
they receive payment for the money owed by
the Debtor.**

Unknown

Unknown

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No
☐ Yes

Debtor **Empire Stat Group, LLC**
Name

Case number (If known) _____

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**
Cyber Insurance Claim
Debtor maintains a 2 million dollar insurance policy with
Coalition Insurance.
This insurance covers an interruption in business
operations
Part of the debtor's claim is undisputed with respect to
the time when the Debtor's computers were restored
and were working again.

\$447,566.00

Potential claim for remainder of 2 million dollar policy
with Coalition Insurance
The business operation of Empire Stat was interrupted
due to a cyberattack
Debtor is seeking a claim for business interruption
insurance
Part of the claim is disputed and the amount of the
claim that is disputed is \$1,300,000

\$1,300,000.00

74. **Causes of action against third parties (whether or not a lawsuit
has been filed)**

75. **Other contingent and unliquidated claims or causes of action of
every nature, including counterclaims of the debtor and rights to
set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets,
country club membership

Debtor **Empire Stat Group, LLC**
Name

Case number (If known) _____

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$1,747,566.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Empire Stat Group, LLC Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$16,307.86	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$46,704.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$8,800.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$1,747,566.00	
91. Total. Add lines 80 through 90 for each column	\$1,819,377.86	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,819,377.86

Fill in this information to identify the case:

Debtor name **Empire Stat Group, LLC**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **Empire Stat Group, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address 40 X OWNER LLC PO BOX 432 Emerson, NJ 07630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to the Landlord</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108,864.60
3.2	Nonpriority creditor's name and mailing address ADVANCED REHABILITATION MED 1496 CEDAR ROW Lakewood, NJ 08701-1514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,625.00
3.3	Nonpriority creditor's name and mailing address ALBERT TSE, MD 69 BAY AVE, UNIT C Huntington, NY 11743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,835.00
3.4	Nonpriority creditor's name and mailing address ALEXA WEITZMAN,MS,LAC 69-10 YELLOWSTONE BLVD #608 Forest Hills, NY 11375 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$995.00

Debtor	Empire Stat Group, LLC <small>Name</small>	Case number (if known) _____
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3.5	Nonpriority creditor's name and mailing address ALEXA WEITZMAN,MS,LAC 69-10 YELLOWSTONE BLVD #608 Forest Hills, NY 11375 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,495.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address ANTHONY SPATARO, MD, PC 1 WASHHOLLOW RD. Oyster Bay, NY 11771 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$69,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address BENJAMIN NACHAMIE 1175 YORK AVENUE, APT 7D New York, NY 10065 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$520.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address BUFFYBLUE PRODUCTIONS INC 14 ARIELLE LANE Staten Island, NY 10314 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,130.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for work done by typist</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address CARLYO INC. 320 EAST 53RD STREET # 5A New York, NY 10022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,810.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	Nonpriority creditor's name and mailing address CARLYO INC. 320 EAST 53RD STREET # 5A New York, NY 10022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$42,400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to an IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	Nonpriority creditor's name and mailing address CHANDRA M. SHARMA,MD 1333-A NORTH AVENUE #714 New Rochelle, NY 10804 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,645.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to an IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Empire Stat Group, LLC Name _____	Case number (if known) _____
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3.12	Nonpriority creditor's name and mailing address CHIROPRACTIC ASSOC OF BRIDGEPORT LLC 4444 MAIN STREET Bridgeport, CT 06606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address COREY A. STEIN,DC PC 561 PATTEN AVENUE Oceanside, NY 11572 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address CSI TRANSCRIPTION INC 2053 GLENARDEN PATH The Villages, FL 32163 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,743.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for work done by typist</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address DANA MANNOR,MD 607 PARK AVENUE New York, NY 10065 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,265.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address DANIEL NEWMAN,DC 15 WINCHESTER DRIVE Monroe, NY 10950 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,275.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address DANIEL SPOSTA, DC 54-44 LITTLE NECK PKWAY Little Neck, NY 11362 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,595.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address DANIEL SPOSTA, DC 54-44 LITTLE NECK PKWAY Little Neck, NY 11362 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,650.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Empire Stat Group, LLC Name _____	Case number (if known) _____
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3.19	Nonpriority creditor's name and mailing address DAVID KARTZMAN,DC 75 WEST PULTENEY STREET Corning, NY 14830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
<hr/>			
3.20	Nonpriority creditor's name and mailing address DIANA VALCICH,MD 35 KNIGHTSBRIDGE ROAD APT.2D Great Neck, NY 11021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,105.00
<hr/>			
3.21	Nonpriority creditor's name and mailing address DOMINICK F. GAROFALO, DC,PC 1807 BOTSFORD DRIVE Knoxville, TN 37922 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,565.00
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3.22	Nonpriority creditor's name and mailing address DR. JEFFREY H. YORMAK, MD, FAA 9 ROUND HILL PLACE Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.00
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3.23	Nonpriority creditor's name and mailing address DR.RAJ KRISHNAN 264-42 60TH AVENUE Little Neck, NY 11362 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$194,050.00
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3.24	Nonpriority creditor's name and mailing address DR. RONALD MANN, PC 73 FANCHER ROAD Yorktown Heights, NY 10598 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to an IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$910.00
<hr/>			
3.25	Nonpriority creditor's name and mailing address DUDICK CHIROPRACTIC 377 ROUTE 146 Clifton Park, NY 12065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,300.00

Debtor	Empire Stat Group, LLC Name _____	Case number (if known) _____
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3.26	Nonpriority creditor's name and mailing address DUDICK CHIROPRACTIC 377 ROUTE 146 Clifton Park, NY 12065 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	Nonpriority creditor's name and mailing address EILEEN HUFSMITH, SOLE PROPRIET P.O BOX 814 East Islip, NY 11730 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,388.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for work done by typist</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address EMILIE CHAVEZ 8241 JACKSONTOWN ROAD Heath, OH 43056 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,502.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for work done by typist</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	Nonpriority creditor's name and mailing address ENAR ASSOCIATES INC 6800 EAST GENESEE STREET Fayetteville, NY 13066 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$32,625.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address ERIC LITTMAN, DC 2 WINGED FOOT DRIVE Livingston, NJ 07039 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,185.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address ERIC LITTMAN, DC 2 WINGED FOOT DRIVE Livingston, NJ 07039 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,170.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to an IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address EXPERT MEDICAL EVALUATIONS PC DR. ALAN FRIEDMAN 380 HEMPSTEAD AVENUE SUITE 3 West Hempstead, NY 11552 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Empire Stat Group, LLC Name _____	Case number (if known) _____
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3.33	Nonpriority creditor's name and mailing address FERRANTE CHIROPRACTIC PC 67 DAWES AVE Lynbrook, NY 11563 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,805.00
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3.34	Nonpriority creditor's name and mailing address FRANKLIN PORTER, PHD 5 W. 86th STREET, STE 3A New York, NY 10024 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,375.00
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3.35	Nonpriority creditor's name and mailing address GARY FLORIO, MD 124 WEST 72ND STREET #6C New York, NY 10023 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147,810.00
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3.36	Nonpriority creditor's name and mailing address GENTE 122 PARISH DRIVE Wayne, NJ 07470 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for Office Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.37	Nonpriority creditor's name and mailing address GERALD SILVERMAN,DC 523 TOWNLINE ROAD,STE 7 Hauppauge, NY 11788 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,835.00
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3.38	Nonpriority creditor's name and mailing address GERALD SILVERMAN,DC 523 TOWNLINE ROAD,STE 7 Hauppauge, NY 11788 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to an IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,890.00
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3.39	Nonpriority creditor's name and mailing address GISA INC 17 BELLEAU AVE Madison, NJ 07940 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for Office Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,350.00
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3.40	Nonpriority creditor's name and mailing address GISA INC 17 BELLEAU AVE Madison, NJ 07940 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$125,437.50</u>
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3.41	Nonpriority creditor's name and mailing address GLENN SELIGER, MD 38 CRAGMERE OVAL New City, NY 10956 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,615.00</u>
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3.42	Nonpriority creditor's name and mailing address GLENN SELIGER, MD 38 CRAGMERE OVAL New City, NY 10956 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,745.00</u>
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3.43	Nonpriority creditor's name and mailing address GLOBAL CHIROPRACTIC PLLC 510 HEMPSTEAD TPKE STE 208 West Hempstead, NY 11552 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$585.00</u>
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3.44	Nonpriority creditor's name and mailing address HENRY PARTRIDGE, MD 3 SUMMERWIND DRIVE Glen Head, NY 11545 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to an IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,140.00</u>
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3.45	Nonpriority creditor's name and mailing address HOWARD KIERNAN, MD. 1661 OLD COUNTRY ROAD #570 Riverhead, NY 11901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,073.20</u>
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3.46	Nonpriority creditor's name and mailing address HOWARD KIERNAN, MD. 1661 OLD COUNTRY ROAD #570 Riverhead, NY 11901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,365.00</u>
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3.47	Nonpriority creditor's name and mailing address HOWARD KIERNAN, MD. 1661 OLD COUNTRY ROAD #570 Riverhead, NY 11901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,555.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to an IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	Nonpriority creditor's name and mailing address IMEC 111 RIVERSIDE DRIVE Carthage, NY 13619 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,275.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address IMEC 111 RIVERSIDE DRIVE Carthage, NY 13619 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28,050.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to an IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address INDEPENDENT EXAMINATION ASSOC, 240 REDTAIL ROAD, SUITE 9 Orchard Park, NY 14127 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address INDEPENDENT EXAMINATION ASSOC. LLC 240 REDTAIL ROAD, SUITE 9 Orchard Park, NY 14127 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,475.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address INTEGRATED MEDICAL REFERRALS 585 STEWARD AVE SUITE 310 Garden City, NY 11530 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address JAMES B.SARNO,MD 600 FRANKLIN AVENUE #174 Garden City, NY 11530 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$225.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address JOHN F. WALLER, MD 333 EAST 56TH STREET New York, NY 10022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,000.00</u>
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3.55	Nonpriority creditor's name and mailing address JOHN F. WALLER, MD 333 EAST 56TH STREET New York, NY 10022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,500.00</u>
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3.56	Nonpriority creditor's name and mailing address JOHN M. KEENAN, DC 718 LERAY STREET Watertown, NY 13601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$200.00</u>
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3.57	Nonpriority creditor's name and mailing address KBL CLEANING INC 1510 CASTLEHILL AVE SUITE 371 Bronx, NY 10462 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for Office Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$220.00</u>
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3.58	Nonpriority creditor's name and mailing address KEVIN CURLEY, MD 66 KINGSBURY RD Garden City, NY 11530 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$127,770.00</u>
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3.59	Nonpriority creditor's name and mailing address LONG ISLAND PHYSICAL MED &REHAB PC 575 UNDERHILL BLVD SUITE 130 Syosset, NY 11791 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$22,860.00</u>
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3.60	Nonpriority creditor's name and mailing address MANAGED OUTSOURCE SOLUTIONS 8596 EAST 101st ST-STE H ATTN: ACCTS RECEIVABLE Tulsa, OK 74133 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for Office Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,032.95</u>
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Debtor	Empire Stat Group, LLC Name _____	Case number (if known) _____
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3.61	Nonpriority creditor's name and mailing address MICHAEL DAVID LEVIN 708 GREENWICH STREET APT 1A New York, NY 10014 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to an IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.62	Nonpriority creditor's name and mailing address MICHAEL R. SILVER, DC,PC 159-03 78TH STREET Howard Beach, NY 11414-0227 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,555.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	Nonpriority creditor's name and mailing address MICHAEL R. SILVER, DC,PC 159-03 78TH STREET Howard Beach, NY 11414-0227 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,005.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.64	Nonpriority creditor's name and mailing address MICHELE CORSI SOLE PROPRIETOR 96 GREGORY DRIVE Newark, OH 43055 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,015.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for work done by typist</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	Nonpriority creditor's name and mailing address MITCHELL EHRLICH, MD,F.A.A.P.M 207 HALLOCK ROAD SUITE 210 Stony Brook, NY 11790 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,080.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.66	Nonpriority creditor's name and mailing address MITCHELL EHRLICH, MD,F.A.A.P.M 207 HALLOCK ROAD SUITE 210 Stony Brook, NY 11790 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$56,095.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.67	Nonpriority creditor's name and mailing address NATIONAL GRID PO BOX 11741 Newark, NJ 07101-9839 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$919.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is for Office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Empire Stat Group, LLC Name	Case number (if known) _____
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3.68	Nonpriority creditor's name and mailing address NYC Dept. of Buildings Oath mail unit 66 John Street 10th Floor New York, NY 10038 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>This debt arose from a violation that Empire Stat received from the NYC Department of Buildings because some office space that was subleased was not up to health code 3:07</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.69	Nonpriority creditor's name and mailing address OPTUM360 PO BOX 88050 Chicago, IL 60680-1050 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$655.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for Office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.70	Nonpriority creditor's name and mailing address ORION 333 THORNHALL STREET ACCTS RECEIVABLE DEPT Edison, NJ 08837 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for Office Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.71	Nonpriority creditor's name and mailing address PAUL G. JONES MD,PC 427 BROADWAY-STE#5 Monticello, NY 12701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,375.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.72	Nonpriority creditor's name and mailing address PAUL G. JONES MD,PC 427 BROADWAY-STE#5 Monticello, NY 12701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,950.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.73	Nonpriority creditor's name and mailing address PAUL MILLER, DC 258 MAIN AVENUE Norwalk, CT 06851 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address PAUL MILLER, DC 258 MAIN AVENUE Norwalk, CT 06851 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Empire Stat Group, LLC Name _____	Case number (if known) _____
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3.75	Nonpriority creditor's name and mailing address PHILIP CILIO, DC 967 NEW BRIDGE ROAD Bellmore, NY 11710 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,170.00
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3.76	Nonpriority creditor's name and mailing address PHILIP CILIO, DC 967 NEW BRIDGE ROAD Bellmore, NY 11710 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,340.00
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3.77	Nonpriority creditor's name and mailing address PHILIP CILIO, DC 967 NEW BRIDGE ROAD Bellmore, NY 11710 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,745.00
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3.78	Nonpriority creditor's name and mailing address PHILIP CILIO, DC 967 NEW BRIDGE ROAD Bellmore, NY 11710 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,785.00
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3.79	Nonpriority creditor's name and mailing address PIERCE J. FERRITER,MD,PLLC 1421 THIRD AVENUE 5TH FLOOR New York, NY 10028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,090.00
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3.80	Nonpriority creditor's name and mailing address PIERCE J. FERRITER,MD,PLLC 1421 THIRD AVENUE 5TH FLOOR New York, NY 10028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,390.00
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3.81	Nonpriority creditor's name and mailing address PIERCE J. FERRITER,MD,PLLC 1421 THIRD AVENUE 5TH FLOOR New York, NY 10028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,100.00
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Debtor	Empire Stat Group, LLC Name _____	Case number (if known) _____
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3.82	Nonpriority creditor's name and mailing address PIERCE J. FERRITER,MD,PLLC 1421 THIRD AVENUE 5TH FLOOR New York, NY 10028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,315.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.83	Nonpriority creditor's name and mailing address PIERCE J. FERRITER,MD,PLLC 1421 THIRD AVENUE 5TH FLOOR New York, NY 10028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60,080.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.84	Nonpriority creditor's name and mailing address PITNEY BOWES GLOBAL FINANCIAL PO BOX 371887 Pittsburgh, PA 15250-7887 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,810.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.85	Nonpriority creditor's name and mailing address PREVENT-A-STRESS CHIROPRACTIC 300 ROSE LANE Smithtown, NY 11787 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,080.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.86	Nonpriority creditor's name and mailing address PREVENT-A-STRESS CHIROPRACTIC 300 ROSE LANE Smithtown, NY 11787 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,425.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.87	Nonpriority creditor's name and mailing address PRO REHAB & SPORTS MEDICINE,PC 66 BARBARA STREET Bethpage, NY 11714 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$49,925.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to an IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.88	Nonpriority creditor's name and mailing address PURCHASE POWER PO BOX 371874 Pittsburgh, PA 15250-7874 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,615.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Empire Stat Group, LLC Name _____	Case number (if known) _____
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3.89	Nonpriority creditor's name and mailing address RACHEL SAPERSTEIN, LAC, PC. 47 PEARWOOD DRIVE Huntington Station, NY 11746 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,810.00
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3.90	Nonpriority creditor's name and mailing address RACHEL SAPERSTEIN, LAC, PC. 47 PEARWOOD DRIVE Huntington Station, NY 11746 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,180.00
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3.91	Nonpriority creditor's name and mailing address RALPH K. DELLA RATTA MD, FACP 6 ROCKLYN COURT Huntington, NY 11743 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,625.00
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3.92	Nonpriority creditor's name and mailing address RASHMI C.SHETH PHYSICIAN PC 1 HARBOR SQUARE APT. #309 Ossining, NY 10562 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,270.00
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3.93	Nonpriority creditor's name and mailing address REXNDX OUTSOURCE SOLUTIONS, L PLOT NO 24, PADMAVATHY NAGAR EXTNKATHIRVEDU India CHENNAI, TAMIL NADU, 600099 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,309.46
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3.94	Nonpriority creditor's name and mailing address ROBIN FELTS, SOLE PROPRIETOR 680 NORTH 21ST STREET Newark, OH 43055 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for work done by typist</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,090.00
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3.95	Nonpriority creditor's name and mailing address RONALD CSILLAG, DC 34-38 BELL BLVD SUITE 401 Little Neck, NY 11362 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,530.00
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Debtor	Empire Stat Group, LLC Name _____	Case number (if known) _____
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3.96	Nonpriority creditor's name and mailing address RONALD CSILLAG, DC 34-38 BELL BLVD SUITE 401 Little Neck, NY 11362 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,805.00
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3.97	Nonpriority creditor's name and mailing address RONALD CSILLAG, DC 34-38 BELL BLVD SUITE 401 Little Neck, NY 11362 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,530.00
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3.98	Nonpriority creditor's name and mailing address RUTH VITAGLIONE, DC 22 SOUTH STREET Manorville, NY 11949 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
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3.99	Nonpriority creditor's name and mailing address SEAN HIGGINS, DC 240 RED TAIL ROAD, STE #9 Orchard Park, NY 14127 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00
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3.100	Nonpriority creditor's name and mailing address SEAN HIGGINS, DC 240 RED TAIL ROAD, STE #9 Orchard Park, NY 14127 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to an IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,150.00
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3.101	Nonpriority creditor's name and mailing address SECURE SHRED 55 TOLEDO STREET Farmingdale, NY 11735 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for Office Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,083.33
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3.102	Nonpriority creditor's name and mailing address SHELDON HERSH, MD 110-11 72 AVE Forest Hills, NY 11375 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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Debtor	Empire Stat Group, LLC Name _____	Case number (if known) _____
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3.103	Nonpriority creditor's name and mailing address SPINOUS 175 MEMORIAL HWY SUITE #1-5 New Rochelle, NY 10801 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.00
3.104	Nonpriority creditor's name and mailing address SQUARE INVESTMENTS LLC 424 EAST CENTRAL BLVD, #706 Orlando, FL 32801 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to an IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,800.00
3.105	Nonpriority creditor's name and mailing address SQUARE INVESTMENTS LLC 424 EAST CENTRAL BLVD, #706 Orlando, FL 32801 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,400.00
3.106	Nonpriority creditor's name and mailing address SQUARE INVESTMENTS LLC 424 EAST CENTRAL BLVD, #706 Orlando, FL 32801 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,800.00
3.107	Nonpriority creditor's name and mailing address STERLING HEALTHCARE SERVICES LLC PO BOX 472 Prospect, KY 40059 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,206.00
3.108	Nonpriority creditor's name and mailing address STERLING HEALTHCARE SERVICES LLC PO BOX 472 Prospect, KY 40059 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.109	Nonpriority creditor's name and mailing address STERLING HEALTHCARE SERVICES LLC PO BOX 472 Prospect, KY 40059 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,843.00

Debtor	Empire Stat Group, LLC Name _____	Case number (if known) _____
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3.110	Nonpriority creditor's name and mailing address STERLING HEALTHCARE SERVICES LLC PO BOX 472 Prospect, KY 40059 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,700.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.111	Nonpriority creditor's name and mailing address SUPERIOR TRANSCRIBING SERVICE 2950 AVENUE S Brooklyn, NY 11229 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34,050.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for work done by typist</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112	Nonpriority creditor's name and mailing address SYNERGY PAIN INSTITUTE, LLC CHASE BY MAIL-ACCT 238872250 P.O. BOX 6185 Westerville, OH 43086-6185 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$130.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.113	Nonpriority creditor's name and mailing address SYNERGY PAIN INSTITUTE, LLC CHASE BY MAIL-ACCT 238872250 P.O. BOX 6185 Westerville, OH 43086-6185 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,330.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114	Nonpriority creditor's name and mailing address SYNERGY PAIN INSTITUTE, LLC CHASE BY MAIL-ACCT 238872250 P.O. BOX 6185 Westerville, OH 43086-6185 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,055.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115	Nonpriority creditor's name and mailing address SYNERGY PAIN INSTITUTE, LLC CHASE BY MAIL-ACCT 238872250 P.O. BOX 6185 Westerville, OH 43086-6185 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,910.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.116	Nonpriority creditor's name and mailing address TEAM REHAB PC 22 EAGLE ROAD Danbury, CT 06810 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,775.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Empire Stat Group, LLC Name _____	Case number (if known) _____
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3.117	Nonpriority creditor's name and mailing address TERENCE MCALARNEY, MD, PA 117 BEAGLE DRIVE Englishtown, NJ 07726 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,320.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.118	Nonpriority creditor's name and mailing address TERRI ANNE AZEVEDO 380 VANCOUVER CRESCENT OSHAWA, ONTARIO L1J5X9 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,113.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for work done by typist</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.119	Nonpriority creditor's name and mailing address TIME WARNER CABLE PO BOX 223085 Pittsburgh, PA 15251-2085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,633.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for Office Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.120	Nonpriority creditor's name and mailing address TRAXION GROUP 1826 N LINCOLN PARK WEST Chicago, IL 60614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$171,710.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for Office Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121	Nonpriority creditor's name and mailing address TREELINE MEDICAL PC 1300 UNION TURNPIKE SUITE 103 New Hyde Park, NY 11040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to an IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.122	Nonpriority creditor's name and mailing address TTI BUSINESS PRODUCTS, INC. 55 LEONARDVILLE RD, 2ND FL Belford, NJ 07718 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,190.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for Office Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.123	Nonpriority creditor's name and mailing address VERIZON PO BOX 15124 Albany, NY 12212-5124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$174.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Empire Stat Group, LLC Name _____	Case number (if known) _____
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3.124	Nonpriority creditor's name and mailing address VERIZON PO BOX 15124 Albany, NY 12212-5124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.86
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3.125	Nonpriority creditor's name and mailing address VERIZON PO BOX 15124 Albany, NY 12212-5124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,073.38
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3.126	Nonpriority creditor's name and mailing address VERIZON PO BOX 15124 Albany, NY 12212-5124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$949.27
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3.127	Nonpriority creditor's name and mailing address VERIZON PO BOX 15124 Albany, NY 12212-5124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,195.83
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3.128	Nonpriority creditor's name and mailing address VERIZON PO BOX 15124 Albany, NY 12212-5124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,810.27
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3.129	Nonpriority creditor's name and mailing address VERIZON PO BOX 15124 Albany, NY 12212-5124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,073.51
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3.130	Nonpriority creditor's name and mailing address VERIZON PO BOX 15124 Albany, NY 12212-5124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$219.54
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Debtor	Empire Stat Group, LLC Name	Case number (if known)
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3.131	Nonpriority creditor's name and mailing address VERIZON PO BOX 15124 Albany, NY 12212-5124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed for office utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.29
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3.132	Nonpriority creditor's name and mailing address WALSH MESSENGER SERVICE 4 THIRD STREET New Hyde Park, NY 11040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed for Office Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,574.15
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3.133	Nonpriority creditor's name and mailing address WALTER FRICKE, MD 5 ROOSEVELT PL #4 S Montclair, NJ 07042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
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3.134	Nonpriority creditor's name and mailing address WILLIAM J. WALSH,MD 384 HARRIS ROAD Bedford Hills, NY 10507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,625.00
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3.135	Nonpriority creditor's name and mailing address WNY ACUPUNCTURE WORKS PLLC 1961 WEHRLE DRIVE, STE #7 Buffalo, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,665.00
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3.136	Nonpriority creditor's name and mailing address WNY ACUPUNCTURE WORKS PLLC 1961 WEHRLE DRIVE, STE #7 Buffalo, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,295.00
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3.137	Nonpriority creditor's name and mailing address YARONG WANG, Iac 2 PINE WEST PLAZA WASHINGTON Ave. Albany, NY 12205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,575.00
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Debtor	Empire Stat Group, LLC	Case number (if known)	
	<small>Name</small>		

3.138	Nonpriority creditor's name and mailing address ZUBIN THARAYIL, MD 1 THIRD AVENUE APT 607 Mineola, NY 11501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Debt is owed to IME Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,775.00
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Bradley Siegel 591 Stewart Avenue 4th Floor Garden City, NY 11530	Line <u>3.97</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Bradley Siegel, Esq. 591 Stewart Avenue 4th Floor Garden City, NY 11530	Line <u>3.95</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Bradley Siegel, Esq. 591 Stewart Avenue 4th Floor Garden City, NY 11530	Line <u>3.96</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	John J. Marzocchi, Esq. 314 East Fayette Street Syracuse, NY 13202	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Thomas Bizzaro 666 Old Country Road Suite#412 Garden City, NY 11530	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #f2f2f2;">Total of claim amounts</th> </tr> <tr> <td style="width: 5%;">5a.</td> <td style="width: 95%;">\$ <u>0.00</u></td> </tr> <tr> <td>5b.</td> <td>+\$ <u>2,251,800.92</u></td> </tr> <tr> <td>5c.</td> <td>\$ <u>2,251,800.92</u></td> </tr> </table>	Total of claim amounts		5a.	\$ <u>0.00</u>	5b.	+\$ <u>2,251,800.92</u>	5c.	\$ <u>2,251,800.92</u>
Total of claim amounts									
5a.	\$ <u>0.00</u>								
5b.	+\$ <u>2,251,800.92</u>								
5c.	\$ <u>2,251,800.92</u>								
5a. Total claims from Part 1 5b. Total claims from Part 2 5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.									

Fill in this information to identify the case:

Debtor name Empire Stat Group, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Debtor Leases Equipment from Pitney Bowes. However, Pitney Bowes will not accept the equipment back until the Debtor pays what is owed.

State the term remaining

List the contract number of any government contract _____

**PITNEY BOWES
POB 856042
Louisville, KY 40285**

Fill in this information to identify the case:

Debtor name Empire Stat Group, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Joe La Barbera**

**37 Smith Farm Road
Bedford, NY 10506
Mr. La Barbera is a co-debtor on this
particular debt owed by the Debtor**

40 X OWNER LLC

☐ D _____

☐ E/F _____

☐ G _____

Fill in this information to identify the case:

Debtor name Empire Stat Group, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2021 to **Filing Date**

☒ Operating a business
☐ Other _____

\$825,791.42

For prior year:
From 1/01/2020 to 12/31/2020

☒ Operating a business
☐ Other _____

\$14,786,758.90

For year before that:
From 1/01/2019 to 12/31/2019

☒ Operating a business
☐ Other _____

\$23,920,107.24

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **Empire Stat Group, LLC**

Case number (if known)

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
TTI Business Products, Inc. 55 Leonardville Road Floor 2 Belford, NJ 07718	Copy paper- 27 Cases	3/17/2021	\$925.99

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Enar Associates, Inc. against Empire Stat Group, LLC 002390/2021	Debtor is being sued on a debt owed to creditor	Supreme Court of New York County of Onondaga 401 Montgomery Street Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Empire Stat Group, LLC**

Case number (if known)

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2. New York City Department of Buildings Violation	New York City Department of Buildings Issued a Violation Against Empire Stat Group Empire Stat Group subleased some office space that was in violation of New York City Health Code 3:07 The violation was for \$1,000 The next hearing is scheduled for January 24th, 2022		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. United Way of Long Island 819 Grand Blvd Deer Park, NY 11729	Celebration luncheon sponsorship	2/13/20	\$4,000.00

Recipients relationship to debtor

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Debtor **Empire Stat Group, LLC**

Case number (if known)

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
Debtor was victim of a ransomware cyber attack which caused the debtor to lose its primary contract		12/13/2020	Unknown

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Law Office of Gregory Messer 26 Court Street Suite 2400 Brooklyn, NY 11242	Attorney Fees	3/19/21 & 10/4/21	\$15,000.00
Email or website address gmesser@messer-law.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Debtor **Empire Stat Group, LLC**

Case number (if known)

Address

Dates of occupancy
From-To

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor provides

If debtor provides meals
and housing, number of
patients in debtor's care

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained.

Medical records received from insurance company clients.

Does the debtor have a privacy policy about that information?

- ☒ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

H1VY Empire Stat Group, LLC

Employer identification number of the plan

EIN: **20-8546698**

Has the plan been terminated?

- ☐ No
☒ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and
Address

Last 4 digits of
account number

Type of account or
instrument

Date account was
closed, sold,
moved, or
transferred

Last balance
before closing or
transfer

Debtor **Empire Stat Group, LLC**

Case number (if known)

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Fidelity Investments PO Box 770001 Cincinnati, OH 45277-0024	XXXX-6519	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>401K Plan</u> Account	The account with Fidelity was closed on November 16th, 2020. All funds were then transferred to a new account for the 401K Plan. The new account was with Lincoln Financial and the last 4 digits were #H1VY	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
JP Morgan Chase Bank 45 Wall Street New York, NY 10005	Tape backups of information This information hasn't been used in 7 years.		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Make Space New Jersey, NJ	Joseph La Barbera and Karen La Barbera 2589 NY-29 Greenwich, NY. 12834	Receivables and payables records of the Debtor	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Debtor **Empire Stat Group, LLC**

Case number (if known)

Owner's name and address	Location of the property	Describe the property	Value
Pitney Bowes Global Financial Services, LLC 2225 American Drive Neewah, WI 54956		Postage/Mailing Equipment	Unknown

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
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Debtor **Empire Stat Group, LLC**

Case number (if known) _____

Name and address		Date of service From-To
26a.1.	Paseornek & Stimola, LLC 140 Route 17 North Suite 206 Paramus, NJ 07652	2008 - Present
26a.2.	Suchitra Arte 15 Cardinalflower Lane Princeton Junction, NJ 08550	2001 to Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26b.1.	Fidelity Payroll Services 245 Summer Street Boston, MA 02210	2004 - Present
Name and address		Date of service From-To
26b.2.	Paseornek & Stimola, LLC 140 Route 17 North Paramus, NJ 08550	2008 - Present
Name and address		Date of service From-To
26b.3.	Gerry Nappo 154 Tysens lane Staten Island, NY 10306	
Name and address		Date of service From-To
26b.4.	Frank Vitacco 44 Terrace Avenue Staten Island, NY 10309	
Name and address		Date of service From-To
26b.5.	Krystal Aice 319 Beach 98th Street Apt. 5L Rockaway Park, NY 11694	
Name and address		Date of service From-To
26b.6.	Maureen Spollen PO Box 1757 Lenox, MA 01240-1757	
Name and address		Date of service From-To
26b.7.	Suchitra Arte 15 Cardinalflower Lane Princeton Junction, NJ 08550	

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
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Debtor **Empire Stat Group, LLC**

Case number (if known)

Name and address	If any books of account and records are unavailable, explain why
26c.1. Joseph La Barbera 37 Smith Farm Road Bedford, NY 10506	
26c.2. Paseornek & Stimola, LLC 140 Route 17 North Paramus, NJ 08550	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. Chase Home Lending 3424 Peachtree Road NE Floor 6 Atlanta, GA 30326

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Joseph La Barbera	37 Smith Farm Road Bedford, NY 10506	Managing Member	90%
Name	Address	Position and nature of any interest	% of interest, if any
Karen La Barbera	171 Baltic Street Brooklyn, NY 11201	Member	10%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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Debtor **Empire Stat Group, LLC**

Case number (if known)

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Joseph La Barbera 37 Smith Farm Road Bedford, NY 10506	\$80,347.00	10/11/20 -2/19/21	Salary
	Relationship to debtor Managing Member			
30.2	Karen La Barbera 171 Baltic Street Brooklyn, NY 11201	\$19,230.80	10/11/20 - 2/19/21	Salary
	Relationship to debtor Member			
30.3	Joseph La Barbera 171 Baltic Street Brooklyn, NY 11201	\$40,384.58	10/11/21-3/5/2 1	Salary
	Relationship to debtor Employee of the Debtor			
30.4	Brian La Barbera 505 LaGuardia Place Apt. 10A New York, NY 10012	\$101,728.27	10/11/21-3/5/2 1	Salary & Comission
	Relationship to debtor Employee of the Debtor			
30.5	Natalie La Barbera 171 Baltic Street Brooklyn, NY 11201	\$17,028	10/11/21-1/8/2 1	Salary
	Relationship to debtor Employee of the Debtor			
30.6	John Kenny 251 East 32nd Street Apt 5E New York, NY 10016	\$49,923.09		Salary
	Relationship to debtor Employee of the Debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Debtor Empire Stat Group, LLC

Case number (if known) _____

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 29, 2021

/s/ Joseph La Barbera

Signature of individual signing on behalf of the debtor

Joseph La Barbera

Printed name

Position or relationship to debtor _____

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Southern District of New York

In re **Empire Stat Group, LLC**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	15,000.00
Prior to the filing of this statement I have received	\$	15,000.00
Balance Due	\$	0.00

2. \$ **15,000.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 29, 2021

Date

/s/ Gregory M. Messer

Gregory M. Messer 7539

Signature of Attorney

Law Office of Gregory Messer

26 Court Street

Suite 2400

Brooklyn, NY 11242

718 858-1474 Fax: 718 797-5360

gmesser@messer-law.com

Name of law firm

**United States Bankruptcy Court
Southern District of New York**

In re **Empire Stat Group, LLC**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **October 29, 2021**

/s/ Joseph La Barbera

Joseph La Barbera/

Signer/Title

40 X OWNER LLC
PO BOX 432
EMERSON, NJ 07630

ADVANCED REHABILITATION MED
1496 CEDAR ROW
LAKEWOOD, NJ 08701-1514

ALBERT TSE, MD
69 BAY AVE, UNIT C
HUNTINGTON, NY 11743

ALEXA WEITZMAN, MS, LAC
69-10 YELLOWSTONE BLVD #608
FOREST HILLS, NY 11375

ALEXA WEITZMAN, MS, LAC
69-10 YELLOWSTONE BLVD #608
FOREST HILLS, NY 11375

ANTHONY SPATARO, MD, PC
1 WASHHOLLOW RD.
OYSTER BAY, NY 11771

BENJAMIN NACHAMIE
1175 YORK AVENUE, APT 7D
NEW YORK, NY 10065

BRADLEY SIEGEL
591 STEWART AVENUE
4TH FLOOR
GARDEN CITY, NY 11530

BRADLEY SIEGEL, ESQ.
591 STEWART AVENUE
4TH FLOOR
GARDEN CITY, NY 11530

BRADLEY SIEGEL, ESQ.
591 STEWART AVENUE
4TH FLOOR
GARDEN CITY, NY 11530

BUFFYBLUE PRODUCTIONS INC
14 ARIELLE LANE
STATEN ISLAND, NY 10314

CARLYO INC.
320 EAST 53RD STREET # 5A
NEW YORK, NY 10022

CARLYO INC.
320 EAST 53RD STREET # 5A
NEW YORK, NY 10022

CHANDRA M. SHARMA, MD
1333-A NORTH AVENUE #714
NEW ROCHELLE, NY 10804

CHIROPRACTIC ASSOC OF
BRIDGEPORT LLC
4444 MAIN STREET
BRIDGEPORT, CT 06606

COREY A. STEIN, DC PC
561 PATTEN AVENUE
OCEANSIDE, NY 11572

CSI TRANSCRIPTION INC
2053 GLENARDEN PATH
THE VILLAGES, FL 32163

DANA MANNOR, MD
607 PARK AVENUE
NEW YORK, NY 10065

DANIEL NEWMAN, DC
15 WINCHESTER DRIVE
MONROE, NY 10950

DANIEL SPOSTA, DC
54-44 LITTLE NECK PKWAY
LITTLE NECK, NY 11362

DANIEL SPOSTA, DC
54-44 LITTLE NECK PKWAY
LITTLE NECK, NY 11362

DAVID KARTZMAN, DC
75 WEST PULTENEY STREET
CORNING, NY 14830

DIANA VALCICH, MD
35 KNIGHTSBRIDGE ROAD APT.2D
GREAT NECK, NY 11021

DOMINICK F. GAROFALO, DC, PC
1807 BOTSFORD DRIVE
KNOXVILLE, TN 37922

DR. JEFFREY H. YORMAK, MD, FAA
9 ROUND HILL PLACE
CHAPPAQUA, NY 10514

DR. RAJ KRISHNAN
264-42 60TH AVENUE
LITTLE NECK, NY 11362

DR. RONALD MANN, PC
73 FANCHER ROAD
YORKTOWN HEIGHTS, NY 10598

DUDICK CHIROPRACTIC
377 ROUTE 146
CLIFTON PARK, NY 12065

DUDICK CHIROPRACTIC
377 ROUTE 146
CLIFTON PARK, NY 12065

EILEEN HUFSMITH, SOLE PROPRIET
P.O BOX 814
EAST ISLIP, NY 11730

EMILIE CHAVEZ
8241 JACKSONTOWN ROAD
HEATH, OH 43056

ENAR ASSOCIATES INC
6800 EAST GENESEE STREET
FAYETTEVILLE, NY 13066

ERIC LITTMAN, DC
2 WINGED FOOT DRIVE
LIVINGSTON, NJ 07039

ERIC LITTMAN, DC
2 WINGED FOOT DRIVE
LIVINGSTON, NJ 07039

EXPERT MEDICAL EVALUATIONS PC
DR. ALAN FRIEDMAN
380 HEMPSTEAD AVENUE SUITE 3
WEST HEMPSTEAD, NY 11552

FERRANTE CHIROPRACTIC PC
67 DAWES AVE
LYNBROOK, NY 11563

FRANKLIN PORTER, PHD
5 W. 86TH STREET, STE 3A
NEW YORK, NY 10024

GARY FLORIO, MD
124 WEST 72ND STREET #6C
NEW YORK, NY 10023

GENTE
122 PARISH DRIVE
WAYNE, NJ 07470

GERALD SILVERMAN, DC
523 TOWNLINE ROAD, STE 7
HAUPPAUGE, NY 11788

GERALD SILVERMAN, DC
523 TOWNLINE ROAD, STE 7
HAUPPAUGE, NY 11788

GISA INC
17 BELLEAU AVE
MADISON, NJ 07940

GISA INC
17 BELLEAU AVE
MADISON, NJ 07940

GLENN SELIGER, MD
38 CRAGMERE OVAL
NEW CITY, NY 10956

GLENN SELIGER, MD
38 CRAGMERE OVAL
NEW CITY, NY 10956

GLOBAL CHIROPRACTIC PLLC
510 HEMPSTEAD TPKE STE 208
WEST HEMPSTEAD, NY 11552

HENRY PARTRIDGE, MD
3 SUMMERWIND DRIVE
GLEN HEAD, NY 11545

HOWARD KIERNAN, MD.
1661 OLD COUNTRY ROAD #570
RIVERHEAD, NY 11901

HOWARD KIERNAN, MD.
1661 OLD COUNTRY ROAD #570
RIVERHEAD, NY 11901

HOWARD KIERNAN, MD.
1661 OLD COUNTRY ROAD #570
RIVERHEAD, NY 11901

IMEC
111 RIVERSIDE DRIVE
CARTHAGE, NY 13619

IMEC
111 RIVERSIDE DRIVE
CARTHAGE, NY 13619

INDEPENDENT EXAMINATION ASSOC,
240 REDTAIL ROAD, SUITE 9
ORCHARD PARK, NY 14127

INDEPENDENT EXAMINATION ASSOC.
LLC
240 REDTAIL ROAD, SUITE 9
ORCHARD PARK, NY 14127

INTEGRATED MEDICAL REFERRALS
585 STEWARD AVE
SUITE 310
GARDEN CITY, NY 11530

JAMES B. SARNO, MD
600 FRANKLIN AVENUE #174
GARDEN CITY, NY 11530

JOE LA BARBERA
37 SMITH FARM ROAD
BEDFORD, NY 10506

JOHN F. WALLER, MD
333 EAST 56TH STREET
NEW YORK, NY 10022

JOHN F. WALLER, MD
333 EAST 56TH STREET
NEW YORK, NY 10022

JOHN J. MARZOCCHI, ESQ.
314 EAST FAYETTE STREET
SYRACUSE, NY 13202

JOHN M. KEENAN, DC
718 LERAY STREET
WATERTOWN, NY 13601

KBL CLEANING INC
1510 CASTLEHILL AVE
SUITE 371
BRONX, NY 10462

KEVIN CURLEY, MD
66 KINGSBURY RD
GARDEN CITY, NY 11530

LONG ISLAND PHYSICAL MED
& REHAB PC
575 UNDERHILL BLVD SUITE 130
SYOSSET, NY 11791

MANAGED OUTSOURCE SOLUTIONS
8596 EAST 101ST ST-STE H
ATTN: ACCTS RECEIVABLE
TULSA, OK 74133

MICHAEL DAVID LEVIN
708 GREENWICH STREET
APT 1A
NEW YORK, NY 10014

MICHAEL R. SILVER, DC, PC
159-03 78TH STREET
HOWARD BEACH, NY 11414-0227

MICHAEL R. SILVER, DC, PC
159-03 78TH STREET
HOWARD BEACH, NY 11414-0227

MICHELE CORSI SOLE PROPRIETOR
96 GREGORY DRIVE
NEWARK, OH 43055

MITCHELL EHRLICH, MD, F.A.A.P.M
207 HALLOCK ROAD
SUITE 210
STONY BROOK, NY 11790

MITCHELL EHRLICH, MD, F.A.A.P.M
207 HALLOCK ROAD
SUITE 210
STONY BROOK, NY 11790

NATIONAL GRID
PO BOX 11741
NEWARK, NJ 07101-9839

NYC DEPT. OF BUILDINGS
OATH MAIL UNIT
66 JOHN STREET 10TH FLOOR
NEW YORK, NY 10038

OPTUM360
PO BOX 88050
CHICAGO, IL 60680-1050

ORION
333 THORNHALL STREET
ACCTS RECEIVABLE DEPT
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**United States Bankruptcy Court
Southern District of New York**

In re **Empire Stat Group, LLC**

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Empire Stat Group, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

October 29, 2021

Date

/s/ Gregory M. Messer

Gregory M. Messer 7539

Signature of Attorney or Litigant
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